

**\* AMENDED \***

**CHAPTER 13 PLAN  
UNITED STATES BANKRUPTCY COURT  
NORTHERN DISTRICT OF MISSISSIPPI**

Debtor: KIMBERLY OGBURN SSN: XXX-XX-6311  
Joint Debtor: \_\_\_\_\_ SSN: XXX-XX-  
Address: 414 S. RUBY AVENUE  
RULEVILLE, MS 38771

CASE NO. 15-12946  
Median Income: ☒ Above ☐ Below

**THIS PLAN DOES NOT ALLOW CLAIMS. Creditors must file a proof of claim to be paid under any plan that may be confirmed. The treatment of ALL secured and priority debts must be provided for in this plan.**

**PAYMENT AND LENGTH OF PLAN**

The plan period shall be for a period of 60 months, not to be less than 36 months for below median income debtor(s), or less than 60 months for above median income debtor(s).

(A) Debtor shall pay \$ 291.50 (☐ monthly, ☐ semi-monthly, ☐ weekly, or ☒ bi-weekly) to the chapter 13 trustee. Unless otherwise ordered by the Court, an Order directing payment shall be issued to Debtor's employer at the following address:

BOLIVAR MEDICAL CENTER  
901 EAST SUNFLOWER ROAD  
CLEVELAND, MS 38732

(B) Joint Debtor shall pay \$ \_\_\_\_\_ (☐ monthly, ☐ semi-monthly, ☐ weekly, or ☐ bi-weekly) to the chapter 13 trustee. Unless otherwise ordered by the Court, an Order directing payment shall be issued to Debtor's employer at the following address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PRIORITY CREDITORS.**

Filed claims which are not disallowed are to be paid in full or as ordered by the Court as follows:

Internal Revenue Service: \$ \_\_\_\_\_ at \$ \_\_\_\_\_/month  
Mississippi Dept. of Revenue: \$ \_\_\_\_\_ at \$ \_\_\_\_\_/month  
Other/\_\_\_\_\_: \$ \_\_\_\_\_ at \$ \_\_\_\_\_/month

**DOMESTIC SUPPORT OBLIGATION. DUE TO:** N/A

POST PETITION OBLIGATION: In the amount of \$ \_\_\_\_\_ per month beginning \_\_\_\_\_.  
To be paid ☐ direct, ☐ through payroll deduction, or ☐ through the plan.

PRE-PETITION ARREARAGE: In the total amount of \$ \_\_\_\_\_ through \_\_\_\_\_ which shall be paid in the amount of \$ \_\_\_\_\_ per month beginning \_\_\_\_\_.  
To be paid ☐ Direct, ☐ through payroll deduction, or ☐ through the plan.

**HOME MORTGAGES.** All claims secured by real property which are to be paid through the plan shall be scheduled below. Absent an objection by a party in interest, the plan will be amended consistent with the proof of claim filed herein, subject to the start date for the continuing monthly mortgage payment proposed herein.

Mtg pmts to N/A Beginning \_\_\_\_\_ @ \$ \_\_\_\_\_ ☐ Plan ☐ Direct  
Mtg pmts to \_\_\_\_\_ Beginning \_\_\_\_\_ @ \$ \_\_\_\_\_ ☐ Plan ☐ Direct  
Mtg pmts to \_\_\_\_\_ Beginning \_\_\_\_\_ @ \$ \_\_\_\_\_ ☐ Plan ☐ Direct

Mtg arrears to N/A Through \_\_\_\_\_ \$ \_\_\_\_\_ @ \$ \_\_\_\_\_/mo  
Mtg arrears to \_\_\_\_\_ Through \_\_\_\_\_ \$ \_\_\_\_\_ @ \$ \_\_\_\_\_/mo  
Mtg arrears to \_\_\_\_\_ Through \_\_\_\_\_ \$ \_\_\_\_\_ @ \$ \_\_\_\_\_/mo

**MORTGAGE CLAIMS TO BE PAID IN FULL OVER PLAN TERM:**

Creditor: \_\_\_\_\_ Approx. amt. due: \_\_\_\_\_ Int. Rate: \_\_\_\_\_  
 Property Address: \_\_\_\_\_ Are related taxes and/or insurance escrowed ☐ Yes ☐ No

Creditor: \_\_\_\_\_ Approx. amt. due: \_\_\_\_\_ Int. Rate: \_\_\_\_\_  
 Property Address: \_\_\_\_\_ Are related taxes and/or insurance escrowed ☐ Yes ☐ No

**NON-MORTGAGE SECURED CLAIMS.** Creditors that have filed claims that are not disallowed are to retain lien(s) pursuant to 11 U.S.C. § 1325(a)(5)(B)(i)(I) until the payment of the debt determined as under non-bankruptcy law or discharge. Such creditors shall be paid as secured claimants the sum set out below or pursuant to other order of the Court. The portion of the claim not paid as secured shall be treated as a general unsecured claim.

CREDITOR'S NAME	COLLATERAL	910* CLM	APPROX. AMT. OWED	VALUE	INT. RATE	PAY VALUE OR AMT. OWED
EXETER FINANCE	11 DODGE AVENGER	✓	\$19,441.64	\$10,450.00	5	AMT. OWED
*TOWER LOAN OF RULEVIH	2005 FORD ESCAPE		\$3,211.00	\$2,000.00	5	VALUE
TOWER LOAN OF RULEVIH	BEDROOM SET	✓	\$1,319.56	\$1,000.00	5	AMT. OWED
**CLEVELAND LOANS	2002 BUICK		\$650.07	\$0.00	5	AMT. OWED

\* The column for "910 CLM" applies to both motor vehicles and "any other thing of value" as used in the "hanging paragraph" of 11 U.S.C. § 1325

**SPECIAL CLAIMANTS** including, but not limited to, co-signed debts, abandonment of collateral, direct payments by Debtor, etc. For all abandoned collateral Debtor will pay \$0.00 on the secured portion of the debt. Where the proposal is for payment, creditor must file a proof of claim to receive proposed payment.

CREDITOR'S NAME	COLLATERAL	APPROX. AMT. OWED	PROPOSED TREATMENT
N/A			

**STUDENT LOANS** which are not subject to discharge pursuant to 11 U.S.C. §§ 523(a)(8) and 1328(c) are as follows (such debts shall not be included in the general unsecured total):

CREDITOR'S NAME	APPROX. AMT. OWED	CONTRACTUAL MO. PMT.	PROPOSED TREATMENT
DEPT OF ED/NAVIENT	\$23,186.00		TREAT AS UNSECURED NONDISCHARGEABLE

**SPECIAL PROVISIONS** which may apply to any or all payments to be paid through the plan, including, but not limited to, adequate protection payments:

**\*SON'S VEHICLE USED FOR TRANSPORTATION TO/FROM WORK. SON'S INCOME IS INCLUDED ON SCHEDULE I.**

**SON IS RESPONSIBLE FOR ALL EXPENSES (GAS, INSURANCE, MAINTENANCE) ASSOCIATED WITH VEHICLE.**

**\*\*PER ORDER DATED 04/15/2016, DOCKET # 78**

**GENERAL UNSECURED CLAIMS** total approximately \$ 29,032.00. Such claims must be *timely filed* and not disallowed to receive payment as follows: \_\_\_\_\_ IN FULL (100%), \_\_\_\_\_ %(percent) MINIMUM, or a total distribution of \$ 5,880.00, with the Trustee to determine the percentage distribution. *Those general unsecured claims not timely filed shall be paid nothing, absent order of the Court.*

Total attorney fee charged:	\$	<u>3,200.00</u>
Attorney fee previously paid:	\$	<u>0.00</u>
Attorney fee to be paid in plan:	\$	<u>3,200.00</u>

The payment of administrative costs and aforementioned attorney fees are to be paid pursuant to Court order and/or local rules.

Automobile Insurance Co/Agent

Attorney for Debtor (Name/Address/Phone/Email)

MICHAEL W. BOYD, P.A.

PO BOX 1586

GREENVILLE, MS 38702-1586

Telephone/Fax: \_\_\_\_\_

Telephone No. 662-332-0202

Facsimile No. 662-332-0241

Email address BOYDLAWOFFICE@YAHOO.COM

DATED: \_\_\_\_\_ DEBTOR'S SIGNATURE

/S/ KIMBERLY OGBURN

JOINT DEBTOR'S SIGNATURE \_\_\_\_\_

ATTORNEY'S SIGNATURE

/S/ MICHAEL W. BOYD